

PROGRAM SPONSORED BY THE ALLIANCE OF NYS YMCAs &  
THE TOWN OF SOUTHAMPTON YOUTH BUREAU:

# YOUTH & GOVERNMENT

“ DEMOCRACY MUST BE LEARNED BY EVERY GENERATION ”

**MEETINGS ARE HELD ON WEDNESDAYS  
FROM OCTOBER TO APRIL IN A HYBRID FORMAT  
OCTOBER START DATE TBA SOON!  
OPEN TO GRADES 9 – 12**

**SEE HOW GOVERNMENT WORKS! LEARN HOW  
LAWS ARE MADE! DEVELOP PROBLEM SOLVING,  
PUBLIC SPEAKING AND DEBATE SKILLS. ATTEND  
THE STATE CONFERENCE WITH YOUTH  
FROM ACROSS NEW YORK.**

FOR MORE INFORMATION, PLEASE CALL (631) 702-2425  
OR COUNCILMAN TOMMY JOHN SCHIAVONI AT  
(631) 287-5745. VISIT  
[WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU](http://WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU)  
OR [WWW.YMCANYS.ORG/YAG](http://WWW.YMCANYS.ORG/YAG) TO LEARN MORE.



SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB

**APPROVED**

# THE SOUTHAMPTON YOUTH BUREAU'S YOUTH AND GOVERNMENT REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD, FLANDERS, NY 11901

Youth's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Youth's Cell Phone Number: \_\_\_\_\_ Youth's Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Number: \_\_\_\_\_

Food Allergies or Other Health Concerns: \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Guardian 1 Email: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Guardian 2 Email: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The following have permission to pick up my child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about this program? Please place a ✓ to which category (or categories) apply to you:

Postcard/Direct Mailing \_\_\_\_\_ Social Media \_\_\_\_\_ School \_\_\_\_\_ Town's Website \_\_\_\_\_ Email \_\_\_\_\_

Other: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to attend the Town of Southampton Youth Bureau's Youth and Government program from October 2020 - April 2021 at various locations TBA. I hereby shall release liability, waive any claims against, indemnify, defend and hold harmless the Town of Southampton, its officers, employees, contractors, agents and representatives from and against any and all demands, liabilities, losses, damages, expenses (including reasonable attorney's fees) and judgments relating to or arising from my child's participation in the Town of Southampton Youth Bureau's Youth and Government program. I certify that my child's health and physical condition are appropriate for participation in these physical activities. I also understand that because of the current COVID-19 pandemic, certain health and safety procedures outlined by NYS and the CDC will be implemented upon arrival & dismissal of my child. I understand that they are important to ensure a safe environment for my child, other youth participants, and all program staff involved. In the event of a medical emergency and I cannot be reached, I authorize the Town of Southampton Youth Bureau staff to seek emergency medical treatment. I also consent to photographs being taken of my child, understanding they may be used for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/2020

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